

Mayer (O. J.)

A New Bandage for the Treatment after Thiersch's  
Method of Trans-  
plantation of  
Skin.

BY

OSCAR J. MAYER, M. D.,

SAN FRANCISCO, CAL.,

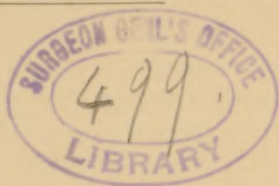
Late Assistant on the Surgical Staff of Moabit Hospital,  
Berlin.

REPRINTED FROM

The New York Medical Journal  
for November 11, 1893.







A NEW BANDAGE FOR THE TREATMENT AFTER  
THIERSCH'S METHOD OF TRANSPLANTATION  
OF SKIN.\*

By OSCAR J. MAYER, M. D.,

SAN FRANCISCO, CAL.,

LATE ASSISTANT ON THE SURGICAL STAFF OF MOABIT HOSPITAL, BERLIN.

THE method of transplanting skin first introduced into medicine by Professor Thiersch enjoys such universal employment—possessing as it does advantages recognized on all sides—that it appears hardly necessary to here employ space stating its uses. Not alone can the surgeon with a host of skilled assistants at his side make use of this procedure for a patient's benefit, but as well the ordinary country practitioner, who is thrown entirely on his own resources for assistance.

Only the after treatment presents some objectionable difficulties, in so far as the oft-necessary change of bandage has as a consequence that pieces already somewhat adherent are in the removal either loosened or else wholly torn away.

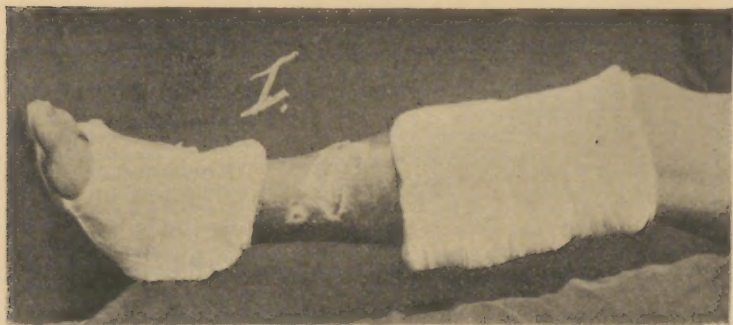
By means of the dry bandage, which remains five to six days, we—on extensive surfaces, for example—are re-

\* Read before the Section in Surgery of the First Pan-American Medical Congress.

## 2 BANDAGE FOR USE AFTER SKIN TRANSPLANTATION.

warded, on an average, with the firm adhesion of about sixty per cent. of the transplanted pieces. With the moist bandage, with or without silk protective, whether using liquor aluminis acetatis or an ointment, even with the most painstaking care, on removal of the bandage we find that some pieces are torn away, while others are loosened to such an extent that they go over into necrosis and fall away.

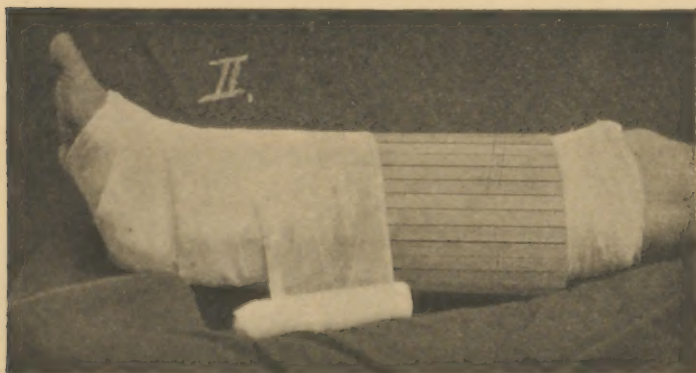
In consequence, I have made an attempt to overcome this difficulty by means of an alteration in the bandage. After the transplantation the bandage is so applied that contact with the wound or surrounding surface is avoided, the wounded surface being bridged over.



As one can readily see from Fig. 1, a pillow of wool, cotton, or like material is placed one above and one below the surface operated upon. If the pillow is now bridged over by a slat of wood or firm pasteboard, and the whole made into a bandage *lege artis* and still further stiffened by a starch bandage, we shall have the wound well covered, yet contact can take place at no point. The bandage can be changed as often as necessary without disturbing the transplanted pieces—a self-evident advantage in this operation.



As, however, on extensive surfaces—for example, in ulcerations on the leg or arm, encircling the whole limb—a broad slat would not be practicable, whereas many narrow ones would present difficulties and require assistance, I have devised an arrangement by which small slats, cut appropriately, are pasted upon a piece of linen parallel and close to each other, so that the whole can be rolled, as can be easily seen from Fig. 2.



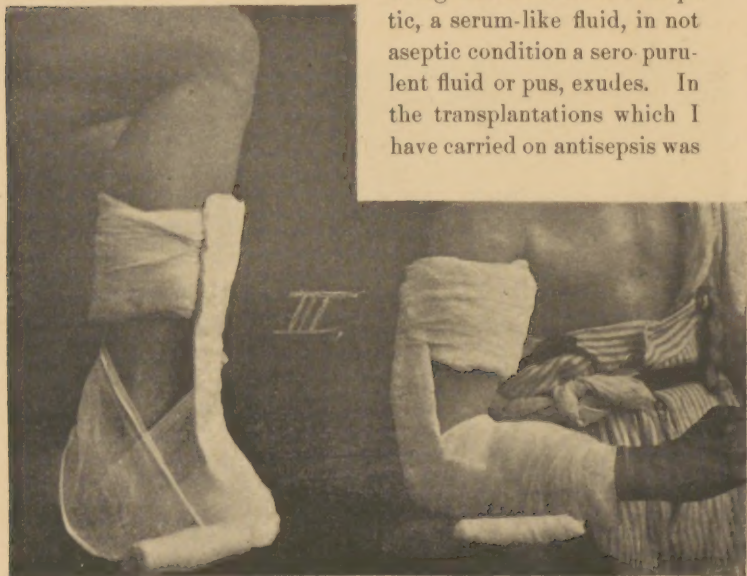
As this bandage does not sit firmly over ulcerated surfaces in the region of the elbow joint or of the dorsum of the foot, I have made use of strips of plaster of Paris modeled appropriately and likewise resting on pillows (*vide* Fig. 3). This latter method can be used with great advantage when transplanting is resorted to for covering extensive burns of the chest, back, or other regions of the body.

As a matter of course, the plaster strips must be modeled with due reference to the location for which they may be designed, so that they cause neither pressure nor other untoward symptoms.

One disadvantage has shown itself in this method, and

#### 4 BANDAGE FOR USE AFTER SKIN TRANSPLANTATION.

must not be overlooked. In the operation of transplanting it sometimes happens that small pieces of the transplanted skin lap over on to the healthy skin or upon one another. These overlapping pieces form small vesicles within the next twenty-four hours. These must be opened and the overlapping pieces carefully removed, when, if the granulating surface has been aseptic, a serum-like fluid, in not aseptic condition a sero-purulent fluid or pus, exudes. In the transplantations which I have carried on antiseptically was



not employed further than in *preparing* the field of operation. The pieces of skin were removed with a knife dipped into a sterilized 0.6-per-cent. salt solution, and immediately placed upon the granulating surface, paying particular attention that none of the pieces might overlap. After being bandaged from four to five days with the slat bandage, the transplanted pieces were so firmly attached that further treatment could be continued by means of a

liquor-alumini-acetatis dressing, which could be removed without danger of loosening or tearing away the small pieces of transplanted skin.

The above-mentioned disadvantage which may occur with this method of bandaging is so slight in comparison to the great advantages which the method offers that I may hope that the medical profession in general may obtain the same good results, and in making use of it save much time and labor.

801 SUTTER STREET.











